



Health Plan Benefits Group

TO: Exclusive Drug Card Sponsors

FROM: Marla Kilbourne /s/
Director, Division of Enrollment and Payment Operations

DATE: April 30, 2004

SUBJECT: Medicare Discount Drug Card Enrollment Testing Process for Managed Care Organizations (MCOs) that are Exclusive Drug Card Sponsors – **ACTION**

This letter describes the testing process related to the enrollment of members of your MCO into the discount drug card benefit that you are offering. The enrollment process was described in the March 31, 2004 letter, entitled “Medicare Discount Drug Card Enrollment Process for MCOs that are Exclusive Drug Card Sponsors”.

As stated in that March 31 letter, there are three options for the enrollment process.

- **Option 1** - MCOs contract with Systems Management Specialists (SMS) to submit drug card enrollment information (for TA and nonTA members) directly to the Drug Card Sponsor Enrollment and Eligibility Verification System (EEVS).
- **Option 2** - MCOs submit drug card enrollment information (for TA and nonTA members) directly to the EEVS.
- **Option 3** - MCOs submit nonTA drug card information to the Group Health Plan (GHP) system and submit (or contract with SMS to submit) TA drug card information to the EEVS.

Please note that the use of the GHP system in Option 3 is a temporary measure. When the GHP system is replaced by the Medicare Managed Care System (MMCS) in the late summer, exclusive sponsors will be able to utilize SMS to submit drug card information to EEVS at no cost. CMS will provide this option to assist MCOs in managing their drug card membership. A letter will be forthcoming containing instructions for MCOs who wish to use this option.

Testing Process

This letter provides testing instructions related to Option 3 – submitting nonTA drug card enrollments and disenrollments to the GHP. A full end-to-end test involving EEVS will be conducted. **MCOs that wish to participate in the test must transmit their enrollment files between May 5 and 5:00PM EST on May 7. Transactions received outside of this timeframe cannot be included in the test.**

GHP will reformat the files on May 7 and send them to EEVS. The exceptions received from EEVS will be populated on the Drug Card Enrollment Exception Report on May 11.

It is imperative that MCOs only submit test data during the specified timeframes and follow the steps outlined below to prevent test data from processing through to production.

- Construct the transmission file. For the test, the file must only contain transaction type 02s. (See Attachment B for the record layout.)
- **MCOs must use 20040101 as the header date instead of the current processing month.** This step is mandatory because it keeps the test data from mixing in with production data.

- After transmission, type in the execute statement to prompt CMS to access your file: EX 'OG00.@BGD5080.JCLLIB(EFTSPLNP)'

NOTE: When this processing is moved to production, MCOs will be able to verify the transmission of their files via the Plan Transfer Tracking Report as they do now. This portion of the process; however, is beyond the scope of the testing activity.

On or after May 11, MCOs can download the Drug Card Exception Report (see the format contained in Attachment A). Follow the steps below to download the report.

- After you connect to the CMS Data Center, press ENTER, select 1 - TSO from the CMS (HCFA) Application Menu screen, login and proceed as follows.
- Type TSO GROUCH TEST on the command line of the ISPF menu.

NOTE: When you are accessing the report in Grouch, your MCO contract number will be used instead of your sponsor identification number.

- At the Report menu, select Drug Card Enrollment Exceptions and build the transmit file for **012004**.
- After the file has been created, go to the TSO READY prompt by pressing F3 and entering =x on the command line of the ISPF menu.
- At the TSO READY prompt, Click on RECEIVE FILES FROM HOST.

- In the HOST FILE NAME block, type (in single quotes) **'XXXX.@BGD5050.R200.DATA'** where **XXXX** = **your userid**
- In the PC FILE NAME block, type C:\PC FILE NAME (the name the user gives the report)
- Click on OPTIONS and be sure that ASCII and CRLF are typed in the box.
- Click on OK on the FILE TRANSFER OPTIONS.
- The TRANSFER MODE box should read TEXT.
- Click on ADD TO LIST.
- Click on RECEIVE.

Drug Card Exception Report – Format Change

Field 9 – Exception Reason Code will be expanded to 3 digits to be consistent with the EEVS coding scheme. It will occupy positions 51 – 53, the Filler will now be 54 – 80 (See Attachment A).

In addition, 2 more codes, 012 and 020 have been added to the report.

Testing/Submittal Timeframes

MCOs submit a test file containing transaction type 02s between May 5 and 5:00 PM EST on May 7, 2004.

The test version of the Drug Card Sponsor Exception Report will be available on May 11, 2004.

MCOs can submit transaction type 02s to production beginning May 12, 2004. The transaction type 02s can be included in your monthly MCO enrollment/disenrollment files. The systems cut-off day is May 14, 2004.

GHP will transmit the drug card enrollments (received by May 14, 2004) to the EEVS on May 24, 2004.

The Drug Card Sponsor Exception Report should be available by May 28, 2004.

Contact Information

If you have any questions regarding the drug card enrollment testing process, please contact your central office technical representative.

If your MCO is located in the Boston, New York, Philadelphia, Kansas City, Denver or San Francisco regions, contact Sarah Brown on 410.786.6358 or Sbrown1@cms.hhs.gov.

If your MCO is located in the Atlanta, Chicago, Dallas or Seattle regions, contact Sue Hartmann on 410.786.6192 or shartmann@cms.hhs.gov.

Attachments (2)

ATTACHMENT A
DRUG CARD ENROLLMENT EXCEPTION REPORT

#	FIELD	SIZE	POSITION	REMARKS
1	Drug Card Sponsor ID Number	5	1 – 5	Sponsor identification number Format: DXXXX
2	Run Date	8	6 – 13	Date that the file was created.
3	Claim Number	12	14 - 25	Beneficiary's Health Insurance Claim Number (HIC #)
4	Surname	12	26 – 37	Beneficiary's Last Name
5	First Initial	1	38 – 38	Beneficiary's First Initial
6	Sex	1	39 – 39	Gender of the Beneficiary Format: M = Male and F = Female
7	Date of Birth	8	40 – 47	Beneficiary's Date of Birth Format: YYYYMMDD
8	Product ID Number	3	48 – 50	Drug card product identification number Format: XXX
9	Exception Reason Code	3	51 – 53	Reason transaction failed to be processed by EEVS.
10	Filler	26	54 - 80	Spaces

EXCEPTION REASON CODES

REASON CODE	DEFINITION
001	Beneficiary is deceased.
002	Beneficiary is already enrolled in a drug card as a nonTA member under the same sponsor.
004	Beneficiary is not Medicare eligible.
005	Beneficiary is enrolled in Medicaid with outpatient drug coverage.
011	Beneficiary has another pending drug card enrollment.
012	Beneficiary is already enrolled in a drug card as a TA member under the same sponsor.
013	Beneficiary is enrolled in an exclusive MCO and cannot enroll in outside drug cards.
020	Beneficiary cannot be disenrolled because they are not currently enrolled with this sponsor.

ATTACHMENT B
TRANSACTION TYPE 02 - DRUG CARD ENROLLMENT/DISENROLLMENT

FIELD	SIZE	POSITION	REMARKS
Claim Number	12	1 – 12	Beneficiary's Health Insurance Claim Number (HIC #)
Surname	12	13 – 24	Beneficiary's Last Name
First Name	7	25 – 31	Beneficiary's First Name
Middle Initial	1	32	Beneficiary's Middle Initial
Action Code	1	33	H = Drug Card Enrollment I = Drug Card Disenrollment
Filler	13	34 – 46	Spaces
Drug Card Sponsor ID Number	5	47 – 51	Sponsor identification number Format: DXXXX
Date of Birth	8	52 – 59	Beneficiary's Date of Birth Format: YYYYMMDD
Transaction Code	2	60 – 61	Transaction code = 02
Product ID Number	3	62 – 64	Drug card product identification number. Format = XXX
Enrollment/Disenrollment Effective Date	8	65 – 72	Effective date of the enrollment/disenrollment. Format = YYYYMMDD
Sex	1	73 - 73	Gender of the Beneficiary Format: M = Male and F = Female
Filler	7	74 - 80	Spaces